

2526

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 279
Registrar's No. 349

1. Place of Death: (a) County Maricopa, (b) City or Town Phoenix, (c) Location 1332 E Taylor
(If outside city limits also write RURAL)
(St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution None; In Community 18 Yrs.; In Arizona 18 Yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix
(If outside city limits also write RURAL)
(d) Street No. 1332 East Taylor; (e) Citizen of foreign country (Yes or No) NO
If Yes, which country _____

3. (a) FULL NAME Thomas Delma Hinshaw

(b) If Veteran name war. No (c) Social Security No. No.

4. Sex Male 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Married
(b) Name of husband or wife Mabel L. Hinshaw 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased June 12 1873
(Month) (Day) (Year)
8. AGE: Years 71 Months 2 Days 10 If less than one day
hrs. _____ min. _____

9. Birthplace Wayne Indiana
(City, town or county) (State or Country)

10. Usual Occupation Retired Contractor and
11. Industry or Business Peace officer of Kansas.

12. Name Thomas J. Hinshaw
13. Birthplace Penna.
(City, town or county) (State or Country)

14. Maiden Name Sarah Mills
15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Mabel L. Hinshaw (wife)
(b) Address 1332 E. Taylor Phoenix Ariz.

17. (a) Burial, Cremation or Removal Cremation
(b) Place Greenwood (c) Date March 23, 1944

18. (a) Embalmer's Signature C. Stanley Clegg
(b) Funeral Director A. L. Moore and Sons
(c) Address Phoenix Ariz.

19. (a) MAR 24 1944
(Date received Local Registrar)
(b) [Signature]
(Registrar's Signature)

15 30M-100% Reg-5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 22, 1944 12.30 A.
TIME (Hour and minute) _____ M.

21. I hereby certify that I attended the deceased from May 24 -
_____ 1944 to March 22 1944
that I last saw him alive on March 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage -
Internal Hemorrhage - Right - and
Pulmonary Embolism

Due to Arterio Sclerosis
Hypertension Blood Pressure

Other conditions none
(Include pregnancy within 3 months of death)
Major findings: Of operations

Of autopsy ✓

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓

(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

(Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature [Signature] M. D.

Address Phoenix Ariz Date signed March 22 - 1944